For Paperwork Reduction Act Notice, see page 4.

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Part I General Information 1 Name of organization	/	Da () for your	Employer identification number
1 Name of organization ANESTHESIA SERVICES MED GR. 2 Mailing address (P.O. Box or number	OUP CAUF ANESTHES	A HSOC COOD COVERNMENT	33 0245997
2 Mailing address (P.O. Box or number 7/85 NAVAJO	r, street, and room or suite no	imber)	
City or town, state, and ZIP code	A 92119		
3 E-mail address of organization			
april@aprilboling.co	n		
4a Name of custodian of records	4b Cust	odian's address 7185 NAVATO ROAD	SUITEL
C. APRIL BOLING	,	SAN DIEGO CA	
5a Name of contact person	5b Cont	5b Contact person's address 7185 NAVAJO ROAD SUITEL	
C. APRIL BOLING	,	SAN DIEGO CA	92119
6 Business address of organization (if	different from mailing address	s shown above). Number, street, and t	oom or suite number
City or town, state, and ZIP code			
Part II Purpose			
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To contribute	to Candidates	and measures the	a support
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	Airing (ann inetructions)		
	tities (see instructions) 8b Relationship	8c Address	
8a Name of related entity	OD TICIATION	2 0	
ANESTHESIA SERVICES	CONNECTED	3626 RUFFINRO	AD
MEDICAL GROUP, INC.			
MEDICAL CROUP, INC.		SAN DIEGO CA	92123
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CALIFORNIA ANESTHESIA	CONNECTED	3626 RUFFIN K	OHD
ASSOCIATES MEDICAL	CONVECTED	SAN DIEGO CA	01117
GROUP, INC.		JAN DIEGO CAT	72/25
ANESTHESIA SERVICES		7185 NAVAJO RO	SUITE!
MEDICAL GROUP GOOD	CONNECTED		
MEDICAL GROWN CHES	1	SAN DIEGO CA	92119
GOVERNMENT FUND - FEDERA	4	SAN DIEGO SI	7071
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AUG U & LOOS	<u> </u>	Cat No. 30405V	Form 8871 (7-200

Cat. No. 30405V

NE

9a Name	9b Title	hly Compensated Employees (see instructions) 9c Address
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A)		
		described in castion 527 of the Inter
Under penalties of perjury, Revenue Code, and that I i	I declare that the organization have examined this notice, inclu-	named in Part I is to be treated as an organization described in section 527 of the Inte ding accompanying schedules and statements, and to the best of my knowledge and be
it is true, correct, and com-	plete.	
	zed official	7/30/00 Date

Here ___